(Re	questor's Name)					
(Ad	dress)					
/\	dress)					
(//u	uiess)					
(Cit	y/State/Zip/Phone #/					
	<b>—</b>	<b></b>				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Name)					
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(Do	cument Number)					
Certified Copies	_ Certificates of	Status				
	577 077					
Special Instructions to	Filing Officer:					

Office Use Only



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**8 MASON** 

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

3.1

ACCOUNT NO. : 12000000195

REFERENCE: 983264 71640

COST LIMIT : \$ 125.00

ORDER DATE: February 1, 2016

ORDER TIME: 12:08 PM

ORDER NO. : 983264-005

CUSTOMER NO: 7164036

#### FOREIGN FILINGS

NAME: ORCHARD SUPPLY COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Orchard Supply Comp	any, LLC				
(Name of For	eign Limited Liability Company; mu	st incl	de "Limited Liability Company," "L.L.C.,	," or "LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C.		e of tre	insacting business in Florida. The alternate	name must include	"Limited
2. North Carolina		3	46-3015337		
	of which foreign limited liability	٠.	(FEI number, if application	able)	
4	(Date first transacted busine	ss in F	lorida if prior to registration )		
	(See sections 605.0904 & 605.	0905,	lorida, if prior to registration.) F.S. to determine penalty liability)		
5. 1605 Curtis Bridge Ro	oad				
Wilkesboro, NC28687					
	(Street Address of I	rincip	al Office)		Simulation Management
6. 1000 Lowe's Blvd.				-5 -2 -2	
Mooresville, NC 2811					M
	(Mailing A	Addres	s)	- 52 <b>%</b>	
7. Name and street address	ss of Florida registered agent: (P.	O. Bo	x <u>NOT</u> acceptable)	\$ 03 STATE HORIDA	
Name:	Corporation Service Company			1-	
Office Address:	1201 Hays Street				
	Tallahassee		, Florida <sup>32301</sup>		
	(City)		(Zip code)	)	
designated in this applica to complywith the provisi	gistered agent and to accept serv tion, I hereby accept the appoint	ment prope	f process for the above stated limited l. as registered agent and agree to act in rand complete performance of my du locu J. Harali Uset V. R.	n this capacity. I j	further agree
	(Registe	ered ag	gent's signature)		
8. The name, title or capa	Doreen S acity and address of the person(s)	S. H who l	aeselin, Asst. V.P. nas/have authority to manage is/are:		
See Exhib	oit A				
9. Attached is a certificate	of existence, no more than 90 day	ys old	, duly authenticated by the official hav	ing custody of reco	ords in the
of the translator must be su		rtitica	tte is in a forcign language, a translatio	in of the certificate	under oath
		7.	<u> </u>		
	Signature	of an a	uthorized person		
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1 cs a t	) (b), Florida Statutes. I am aware that nird degree felony as provided for in s.	any false informat 817.155, F.S.	tion
	Hannah H. Kim				

Typed or printed name of signee

## Exhibit A Orchard Supply Company, LLC

Richard D. Maltsbarger, Manager 1000 Lowe's Blvd. Mooresville, NC 28117

Robert F. Hull, Manager 1000 Lowe's Blvd. Mooresville, NC 28117

Marshall A. Croom, Manager 1000 Lowe's Blvd. Mooresville, NC 28117 Ross W. McCanless, Manager 1000 Lowe's Blvd. Mooresville, NC 28117

Ricky D. Damron, Manager 1000 Lowe's Blvd. Mooresville, NC 28117

RECRETARY OF STATE



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### ORCHARD SUPPLY COMPANY, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 27th day of November, 2013, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of February, 2016.

6 laine I. Marshall

Secretary of State

Certification# 97953119-1 Reference# 12899763- Page: 1 of 1 Verify this certificate online at http://www.sos.nc.gov/verification